


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 727302	
1. Entity Name BURNS AVENUE CHURCH OF GOD, INC.	

Principal Place of Business 501 BURNS AVENUE LAKE WALES, FL 33853	Mailing Address 501 BURNS AVENUE LAKE WALES, FL 33853
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03082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1874736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WISEMAN, CHRIS
501 BURNS AVE.
LAKE WALES, FL 33853**

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6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	7. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT POOLEY, TODD 110 FAIRCHILD AVE. BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT WISEMAN, CHRIS 118 ALVINA AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREWER, PATRICIA 2324 LAKE EASY RD BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIRCHFIELD, VIVIAN 2559 MCCOWN RD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000501008
04/25/06-80044-016 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	3-24-06	863 676 7475
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>